

**ADMINISTRATIVE REGULATION**



**MEDICAL RELEASE FOR STUDENT ATHLETE WITH SUSPECTED OR ACTUAL CONCUSSION**  
 (This form will be included in state tournament coaches' packets)

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 School Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Date of Injury

**Important Note to Healthcare Professional:**

Per AS 14.30.142, as amended, a student who has been removed from participation in a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation by an athletic trainer or other qualified person who verified that he or she is trained in the evaluation and management of concussions. "Qualified person" means either: 1) a health care provider licensed in Alaska, or exempt from licensure under Alaska law (AS 08.64.370(1), or 2) a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

Alaska School Activities Association's (ASAA) Sports Medicine Advisory Committee recommends that an athletic trainer be certified by the National Athletic Trainers Association, in addition to meeting the other requirements established by AS 14.30.142, before being permitted to clear students to return to athletic participation following removal for suspicion of concussion.

ASAA's Sports Medicine Advisory Committee recommends that any person who clears students to return to athletic participation following removal for suspicion of concussion: 1) have completed the online CDC Concussion Course for Clinicians ([www.preventingconcussions.org](http://www.preventingconcussions.org)) in the last two years, AND 2) (a) have completed two hours of CME in Sports Concussion Management in the last two years, OR (b) have completed a one year Sports Medicine Fellowship, a Certificate of Added Qualifications in Sports Medicine, or a Residency in Neurology or Neurosurgery.

**If an athlete is removed from participation in an activity because of a suspected concussion:**

**but** is found **not to have a concussion**, the athlete's return to participation should be determined by the athlete's medical provider in accordance with the provider's assessment of the athlete's condition and readiness to participate;

**and is determined to have sustained a concussion**, the athlete's readiness to return to participation should be assessed in accordance with the FNSBSD's graduated Return to Participation (RTP) Protocol. All student athletes with a concussion must successfully complete an appropriate RTP Protocol that lasts a minimum of six days, before resuming full athletic activity.

The Return to Participation Protocol recommended by ASAA's Sports Medicine Advisory Committee and adapted by FNSBSD is described below.



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Students begin at Baseline with a period of complete rest in which they avoid cognitive and physical exertion. As symptoms diminish, and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, school. The introduction of cognitive work should be in short increments which increase progressively in length and intensity so long as concussion symptoms do not recur or worsen. When several hours of cognitive work are well tolerated at home, then attendance at a half day of school is appropriate. When a full day of school is tolerated, then homework may be added. Academic accommodations may be necessary for student athletes as they return to school following a concussion. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued, additional cognitive work should be minimized until symptoms subside, and the student can attempt to advance cognitive work again on the following day.

Only when the concussion symptoms have been entirely absent for 24 hours and the student has fully resumed the academic program, may Step 1 of the progressive return to physical activity begin. RTP is to take place over a minimum of six days, with at least 24 hours between each step. The rate of progression through the steps in the program should be individualized. Factors which may slow the rate are young age, history of previous concussions, number/ severity/duration of concussion symptoms, medical risk factors, and the concussion risk of the sports to which the athlete will return. Physical or cognitive activity that provokes recurrence of concussive symptoms will delay recovery and increase the risk of future concussion. Therefore, if symptoms recur at any step, physical activity should stop until 24 hours after resolution of the symptoms, and then resume at the previous step.

### Baseline

- Physical and cognitive rest.
- Then incremental cognitive work, without provoking symptoms.
- If no symptoms, then:

### Step 1

- Begin when symptom free for 24 hours.
- 15 minutes **light aerobic** activity (walk, swim, stationary bike, no resistance training).
- ***If no symptoms, then:***

### Step 2

- 30 minutes **light-moderate aerobic** activity (jog, more intense walk, swim, stationary bike, no resistance training).
- ***If no symptoms, then:***

### Step 3

- 30 minutes **moderate-heavy aerobic** activity (run, swim, cycle, skate, Nordic ski, no resistance training).
- ***If no symptoms, then:***

### Step 4

- 30 minutes **heavy aerobic** activity (hard run, swim, cycle, skate, Nordic ski)
- 15 minutes **Resistance Training** (push-up, sit-up, weightlifting)
- ***If no symptoms, then:***



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**Step 5**

- **Return to practice, non-contact limited participation** (routine sport-specific drills)
- *If no symptoms, then:*

**Step 6**

- **Return to full-contact practice**
- *If no symptoms, then:*

**Step 7**

- **Medically eligible for competition after completing RTP Protocol and is cleared by Healthcare Professional**
- **ASAA Eligibility Criteria** must be met before return to competition.

<b>SECTION 1: THE CONCUSSED ATHLETE</b>	
	Student has sustained a concussion and is not yet ready to begin the Return to Participation Protocol.
	Student is cleared to begin the Return to Participation Protocol with any modifications noted below. This clearance is no longer effective if student’s symptoms return and persist.
	<b>Student is entirely free of concussion symptoms and has completed the FNSBSD’s Return to Participation Protocol, lasting a minimum of six days. The athlete is medically eligible to return to competition.</b>
Please note any additional modifications to FNSBSD’s Return to Participation Protocol below [attach more pages if needed]:	



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SECTION 2: THE NON-CONCUSSED ATHLETE	
	Student has NOT sustained a concussion. The diagnosis which explains his/her symptoms is:
	Student is cleared to return to full sports participation.
Student is cleared for limited participation with the following restrictions [attach more pages if needed]:	

SECTION 3: HEALTHCARE PROFESSIONAL ATTESTATION	
By signing this form, I attest that I am a qualified person authorized under AS 14.30.142 to clear student athletes for athletic participation following concussions.	
<p>_____</p> <p>Healthcare Professional Signature</p>	<p>_____</p> <p>Healthcare Professional Printed Name</p>
<p>_____</p> <p>Alaska License Number</p>	<p>_____</p> <p>Date of Signature</p>

SECTION 4: ATHLETE AND PARENT/GUARDIAN CONSENT	
<p>FNSBSD’s recommended Return to Participation Protocol incorporates an internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Participation in athletics is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at more risk for another head injury with risk of permanent disability or death. By signing this form, the athlete and the parent/guardian indicate their understanding that the completion of the FNSBSD’s Return to Participation Protocol is not a guarantee of safe return to athletic participation. The parent/guardian and student accept the risk of additional injury in requesting and consenting to the athlete’s return to athletic participation.</p>	
<p>_____</p> <p>Student Athlete’s Signature</p>	<p>_____</p> <p>Parent/Guardian’s Signature</p>
<p>_____</p> <p>Student Athlete’s Printed Name</p>	<p>_____</p> <p>Parent/Guardian’s Printed Name</p>
<p>_____</p> <p>Date Signed</p>	<p>_____</p> <p>Date Signed</p>

